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PTO/SB/21 (09-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

41

Application Number

09/853,530

Filing Date

May 9, 2001

First Named Inventor

Klimpel, Kurt

Art Unit

1644

Examiner Name

Ronald B. Schwadron

Attorney Docket Number

015280-290110US

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply-"Amendment" | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Affidavits/declaration(s)-
"Declaration of Stephen Leppla"
w/Exhibits A and B | <input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request-3 mos.
per PTO/SB/22 enclosed in duplicate | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Carol A. Fang

Date

June 7, 2005

Reg. No.

48,631

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Typed or printed name

Malinda C. Dagit

Date

7 June 2005